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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	I IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED			
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED		
		HAL074046	B. WING		R-C 12/15/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
AI PHA CA	ALPHA CARE ONE ASSISTED LIVING 2060 WEST FIFTH STREET						
ALI IIA O	AND ONE AGGIOTED EIVI	GREENVIL	LE, NC 27835				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	ΓE	
{D 000}	Initial Comments		{D 000}				
	_	sure Section conducted a d Complaint Investigation on					
{D 273}	10A NCAC 13F .0902	(b) Health Care	{D 273}				
		Health Care assure referral and follow-up ad acute health care needs					
	This Rule is not met a FOLLOW-UP TO A TY						
	The Type B Violation	was not abated.					
	reviews, the facility fa care provider was not residents (#4) who ex including agitation, re	is, interviews and record iled to ensure the primary ified for 1 of 5 sampled hibited a change in behavior ported feeling threatened by ssession of a sharp metal					
	The findings are:						
	07/11/23 revealed: -Diagnoses included s	4's current FL-2 dated schizoaffective disorder ermittently disoriented. bulatory.					
	07/11/23 revealed: -The resident was ind and transfersThe resident was red services.	4's current care plan dated ependent with ambulation eiving mental health eiving medications for					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R-C	
HAL074046 B. WING		B. WING		12/15/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
AL DUA C	ADE ONE ACCIOTED LIV	2060 WES	T FIFTH STREI	ĒΤ		
ALPHA CA	ARE ONE ASSISTED LIV	GREENVIL	LE, NC 27835			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 273}	Continued From page	e 1	{D 273}			
	mental illness/behavio					
	mental lilless/benavi	οι.				
	Review of Resident #4's Facility Care Notes revealed: -On 10/02/23 at 6:00pm, a medication aide (MA) documented another resident reported that Resident #4 had a "long knife"The MA, the Resident Care Coordinator (RCC) on duty and a personal care aide (PCA) "went out back and it hit the ground and it was not a knife it was a blade" and the resident stated that "somebody was going to beat her up." -The RCC removed the object from Resident #4 and initiated 15-minute checksOn 10/03/23 at 11:40am, Resident #4 was involved in an altercation with another resident in the facility's smoking areaResident #4 was sent to the emergency department related to bleeding from her elbow and complaints of back pain. Review of Resident #4's hospital discharge summary dated 10/05/23 revealed the resident was diagnosed and treated for a left rib fracture.					
	revealed: -She did not ever hav	nt #4 on 12/14/23 at 5:15pm re a knife at the facility.				
	 She did not take apa weapon. 	rt any furniture to make a				
	_	ning was fine with her and				
	the other residents ar	nd she did not feel				
	threatened.	morning, she was seated				
	-On 10/03/23, in the morning, she was seated outside in the smoking area when another					
		et out of her seat and the				
	•	d and hit her and she fell				
		nd she had to go to the				
	hospital because her					
		n in her back everyday from				

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	or periornoles		0.00 1.00 1.00 5	CONTRUCTION	(VO) DATE O			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _	A. BUILDING:		COMPLETED			
				R-C				
HAL074046			B. WING		1	5/2023		
		13.201.1010			1 12/1	0/2020		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
	2060 WEST FIFTH STREET							
ALPHA CA	ARE ONE ASSISTED LIV	ING GREENVI	LLE, NC 27835	•				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(VE)		
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE		
				DEFICIENCY)				
{D 273}	Continued From page	a 2	{D 273}					
(0 210)		5 2	[5270]					
	the rib fracture.							
	Interview with the MA	on 12/14/23 at 3:00pm						
	revealed:							
		en another resident reported						
	Resident #4 was in th	ne smoking area and had a						
	knife on 10/02/23.							
		vestigated and the RCC						
	removed what she the	ought was a small knife.						
	-Resident #4 stated s	she felt threatened by other						
	residents.							
	-Resident #4 was pla	ced on 15-minute checks.						
	-She thought she completed an incident report							
	and placed it under th	ne Administrator's office						
	door.							
	-She could not recall	if she had notified Resident						
	#4's Primary Care Pro	ovider (PCP) or mental						
	health provider on 10	/02/23.						
	Interview with an RC0	C on 12/15/23 at 9:12am						
	revealed:							
	-She was present wh	en another resident reported						
	Resident #4 was in th	ne smoking area and had a						
	knife on 10/02/23.							
	-Resident #4 did not h	have a knife but the resident						
	had taken apart her d	dresser and had detached a						
	metal rail from the dre	esser drawer's slider.						
	-She removed the me	etal object from the resident						
	and the resident was	placed on 15-minute						
	checks.							
	-She notified the facil	lity's Administrator and the						
	RCC who was norma	ally assigned to Resident #4's						
	unit about the inciden	nt by phone on 10/02/23.						
	-She could not recall	if she had notified Resident						
	#4's PCP or mental h	ealth provider on 10/02/23						
	_	P was scheduled to be in the						
	facility the next day a	nd the PCP was notified on						
	10/03/23.							
	-Resident #4 had no t	further behaviors on				1		

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10/02/23.

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NO. 2783S PROVIDERS PLAN OF CORRECTION (A) ID SUMMARY STATEMENT OF DEFICIENCES (CACH) DEFICIENCY MIST BE PRECEDED BY FILL REQULATORY OR LSC IDENTIFYING INFORMATION) (D 273) Continued From page 3 (D 273) Continued From page 3 (D 273) Continued From page 3 (D 273) Continued Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been tearing apart her room and took apart her dresser and removed the metal drawer slider was determined to be the object that was reported by another resident as a knife on 10/02/23. -She was not able to locate any documentation of the investigation she had completed. Interview with Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or was reported to have a knife or may be a knife or 10/02/23. -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or may be a knife or not 10/02/23. -She was avare of the physical altercation that occurred on 10/02/23. -She was aware of the physical altercation that occurred on 10/02/23. -She was aware of the physical altercation that occurred on 10/02/23. -She was expected the facility to notify her of changes in residents' status or if a resident was feeling unsafe. -If she had been notified of the change in	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2006 WEST FIFTH STREET GREENVILLE, NC 27835 (X41)D SUMMARY STATEMENT OF DEFICIENCIES GREENVILLE, NC 27835 (X94)D GEACH DEFICIENCY MUST SEP PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 273) (D 273) (D 273) Continued From page 3 Interview with the Administrator and the Assistant Regional Director on 12/14/23 at 3-48pm revealed: -She investigated the report of Resident #4 having a knife that occurred on 10/02/23 and determined Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been tearing apart her room and took apart her dresser and removed the metal drawer slider from the dresserThe metal drawer slider was determined to be the object that was reported by another resident as a knife on 10/02/23She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23She was not aware from the description that occurred on 10/03/23She expected the facility to notify her of changes in resident's status or if a resident was feeling unsafe.	AND I LAN OF CONNECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835 (X4) ID PROVIDEN'S PLAN OF CORRECTION (EACH CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) (D 273) (D 273) Continued From page 3 (D 273) Interview with the Administrator and the Assistant Regional Director on 12/14/23 at 3.48pm revealed: -She investigated the report of Resident #4 having a knife that occurred on 10/02/23 and determined Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been experiencing an increase in agitation and had been experiencing an increase in agitation she had completed. Interview with Resident #4's PCP on 12/14/23 at 4.50pm revealed: -She was not able to locate any documentation of the investigation she had completed. Interview with Resident #4's PCP on 12/14/23 at 4.50pm revealed: -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23. -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/03/23. -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/03/23. -She was not aware Resident was feeling unsafe.			D WING				
CALIFIED SUMMARY STATEMENT OF DEFICIENCIES CREENVILLE, NC 27835 CALIFIED SUMMARY STATEMENT OF DEFICIENCIES DISTRICT CREENVILLE, NC 27835 CALIFIED SUMMARY STATEMENT OF DEFICIENCIES DISTRICT CREENVILLE, NC 27835 CALIFIED CREENVILLE, NC 27835 CALIFI			HAL074046	B. WING		12/15/2023	
ALPHA CARE ONE ASSISTED LIVING GREENVILLE, NC 27835	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	AI PHA CA	ARE ONE ASSISTED LIV	2060 WES	T FIFTH STREE	≣Τ		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) {D 273} Continued From page 3 Interview with the Administrator and the Assistant Regional Director on 12/14/23 at 3:48pm revealed: -She investigated the report of Resident #4 having a knife that occurred on 10/02/23 and determined Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been tearing apart her room and took apart her dresser and removed the metal drawer slider from the dresserThe metal drawer slider from the dresserThe metal drawer slider was determined to be the object that was reported by another resident as a knife on 10/02/23She was not able to locate any documentation of the investigation she had completed. Interview with Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23She was aware of the physical altercation that occurred on 10/03/23She was aware of the physical altercation that occurred on 10/03/23She was post aware Resident was feeling unsafe.	, (2. 1.) (0)		GREENVI	LLE, NC 27835			
Interview with the Administrator and the Assistant Regional Director on 12/14/23 at 3:48pm revealed: -She investigated the report of Resident #4 having a knife that occurred on 10/02/23 and determined Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been tearing apart her room and took apart her dresser and removed the metal drawer slider from the dresserThe metal drawer slider was determined to be the object that was reported by another resident as a knife on 10/02/23She was not able to locate any documentation of the investigation she had completed. Interview with Resident #4's PCP on 12/14/23 at 4:50pm revealed: -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23She was aware of the physical altercation that occurred on 10/03/23She expected the facility to notify her of changes in residents' status or if a resident was feeling unsafe.	PREFIX	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE	
Regional Director on 12/14/23 at 3:48pm revealed: -She investigated the report of Resident #4 having a knife that occurred on 10/02/23 and determined Resident #4 did not have a knife but the resident had been experiencing an increase in agitation and had been tearing apart her room and took apart her dresser and removed the metal drawer slider from the dresser. -The metal drawer slider was determined to be the object that was reported by another resident as a knife on 10/02/23. -She was not able to locate any documentation of the investigation she had completed. Interview with Resident #4's PCP on 12/14/23 at 4:50pm revealed: -She was not aware Resident #4 had an increase in agitation, felt threatened by others or was reported to have a knife or metal object on 10/02/23. -She was aware of the physical altercation that occurred on 10/03/23. -She expected the facility to notify her of changes in residents' status or if a resident was feeling unsafe.	{D 273}	Continued From page	e 3	{D 273}			
Resident #4's behaviors on 10/02/23 she would have been able to obtain more information to evaluate the situation and make recommendations for the resident's safety. Interview with Resident #4's mental health provider on 12/15/23 at 8:48am revealed: -She was not aware of the incident on 10/02/23She was made aware of the altercation that occurred on 10/03/23.		Regional Director on revealed: -She investigated the having a knife that oc determined Resident the resident had beer in agitation and had be and took apart her drometal drawer slider from the object that was reas a knife on 10/02/23She was not able to the investigation she Interview with Reside 4:50pm revealed: -She was not aware Fin agitation, felt threat reported to have a kn 10/02/23She was aware of th occurred on 10/03/23She was aware of th occurred on 10/03/23She expected the fact in residents' status or unsafeIf she had been notif Resident #4's behavior have been able to object the evaluate the situation recommendations for Interview with Reside provider on 12/15/23She was not aware of -She was made aware of she was made aware.	report of Resident #4 curred on 10/02/23 and #4 did not have a knife but n experiencing an increase peen tearing apart her room resser and removed the om the dresser. der was determined to be reported by another resident 3. locate any documentation of had completed. Int #4's PCP on 12/14/23 at Resident #4 had an increase rened by others or was ife or metal object on rephysical altercation that resident was feeling ried of the change in ors on 10/02/23 she would rain more information to and make the resident's safety. Int #4's mental health at 8:48am revealed: of the incident on 10/02/23. Interest and resident was reference of the altercation that at 8:48am revealed: of the incident on 10/02/23. Interest and resident was reference of the altercation that				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		7 20122	R-C		
		HAL074046	B. WING		12/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
ALPHA C	ARE ONE ASSISTED LIV	ING	ST FIFTH STREE ILLE, NC 27835		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 273}	Continued From page	e 4	{D 273}		
	and protocol related to	o changes in residents'			
	Interview with the Adr 10:57am revealed:	ministrator on 12/15/23 at			
	-She expected the RCC or MA to notify the PCP of changes in resident's condition and document that in an incident report or in the residents' Care NotesThe facility did not notify Resident #4's PCP about the change in Resident #4's behaviors that				
		, until the PCP was in the on 10/03/23 at approximately			
	-The facility was not able to locate any documentation showing the PCP or mental health provider were notified of the change in Resident #4's behaviors that occurred on 10/02/23.				
	(#4) who exhibited a	otify the PCP for a resident change in behavior including eling threatened by others			
	10/02/23 and was the altercation with anoth which Resident #4 su	on of a sharp metal object on en involved in a physical er resident on 10/03/23, in estained a rib fracture. This e resident's welfare and			
	constitutes an Unaba				
	The facility provided a accordance with G.S.	a plan of protection in 131D-34 on 12/15/23.			

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